

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **389**

Primary Registration District No. **5763**

Registrar's No. **5**

7 = **63-019283**

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAY 21 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DOCUMENT
1 0140			
2 0140			
3			
4 1			
5 2			
6			
7 0			
8 0			
9 157X			
10			
11			
12 90-0			
13 2-0			

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural, Cote Sans Dessein		c. CITY OR TOWN Tebbetts	
Length of stay in 1b 12 Yrs		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Home		d. STREET ADDRESS R.F.D.	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Evaline Kresl		4. DATE OF DEATH Month May Day 11 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/27/1890
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months XX Days XX Hours XX Min. XX	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Steedman, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph Hook		13b. MOTHER'S MAIDEN NAME Hester Ann Blankenship	
14. NAME OF HUSBAND OR WIFE John Kresl		17. INFORMANT Mrs. Ray McDonald, Mokane, Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of pancreas Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 10/14/60 DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from 7-17-50 to 5-12-63 and last saw her alive on 4-29-63 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Evelyn D. Supabaker, M.D.		22b. ADDRESS Jefferson City, Mo	
22c. DATE SIGNED 5/14/63		22d. LOCATION (City, town, or county) (State) Portland Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 14, 1963	23c. NAME OF CEMETERY OR CREMATORY Portland Cemetery	
23d. LOCATION (City, town, or county) (State) Portland Mo		25. DATE RECD. BY LOCAL REG. 5/14/63	
26. REGISTRAR'S SIGNATURE Browning Funeral Home, Fulton, Mo		26. REGISTRAR'S SIGNATURE LeRoy Claypool	

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.